



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

*Enrique M. Barrera*

15 ACCOUNT # (Ethics Commission files)

16 NOTICE FROM POLITICAL COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ - 0 -

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3,246.70

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 141.40

4. TOTAL POLITICAL EXPENDITURES

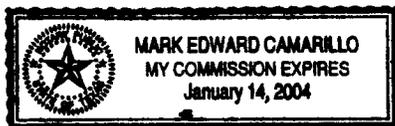
\$ 7,560.14

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Enrique Barrera, this the 16<sup>th</sup> day of Jan, 20 02, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*

Signature of officer administering oath

Mark Edward Camarillo

Printed name of officer administering oath

Notary

Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**

RECEIVED (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)  
CITY OF SAN ANTONIO  
CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: **2**

2002 JAN 16 P 4:51

2 FILER NAME

**Enrique M. Barrera**

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/1/01

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

**Douglas C. Beach**

6 Contributor address; City; State; Zip Code

**217 Alamo Plaza SAT 78205**

7 Amount of contribution (\$)

**500-**

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

8/7/01

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

**Edward Torres**

Contributor address; City; State; Zip Code

**2727 Trelle Creek Apt 225 SAT 78250**

Amount of contribution (\$)

**500-**

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

**SA Realtors**

Contributor address; City; State; Zip Code

**9110 IH 10 W SAT 78230**

Amount of contribution (\$)

**750-**

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

**Frank Sepulveda**

Contributor address; City; State; Zip Code

Amount of contribution (\$)

**300-**

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

**Jimmy Jimenez**

Contributor address; City; State; Zip Code

Amount of contribution (\$)

**240-**

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**

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CLERK

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1 Total pages this Schedule A1: **2**

2002 JAN 16 P 4:51

2 FILER NAME **Enrique M. Barrera**

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#:  
**E. Kopplow**

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$) **500**

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor  out-of-state PAC (ID#:  
**SBC (Southwestern Bell Comm.)**

Contributor address; City; State; Zip Code

Amount of contribution (\$) **456<sup>70</sup>**

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor  out-of-state PAC (ID#:  
Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor  out-of-state PAC (ID#:  
Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor  out-of-state PAC (ID#:  
Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

RECEIVED  
CITY OF SAN ANTONIO  
CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 9  
4:51

2 FILER NAME Enrique M. Barrera

3 ACCOUNT # (Ethics Commission filers)

4 Date  
7/9/01

5 Payee name  
Luby's  
6 Payee address; City; State; Zip Code  
Lan Palmas Shopping Center, SAT

7 Amount (\$)  
77.65

8 Purpose of payment (See instructions regarding type of information required.)  
food for community group meeting

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
7/12/01

Payee name  
Mina + Dimis Restaurant  
Payee address; City; State; Zip Code  
7159 W Hwy 90 SAT 78227

Amount (\$)  
420.69

Purpose of payment (See instructions regarding type of information required.)  
food for campaign fundraiser

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
7/12/01

Payee name  
Best Little Warehouse in Texas  
Payee address; City; State; Zip Code  
2410 SW Loop 410 SAT 78227

Amount (\$)  
307.50

Purpose of payment (See instructions regarding type of information required.)  
storage

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
7/6/01

Payee name  
Daniel Ortiz  
Payee address; City; State; Zip Code  
5915 Westcliff SAT 78227

Amount (\$)  
61.45

Purpose of payment (See instructions regarding type of information required.)  
Reimb. for bulk rate mail  
TY Party

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

4 Total pages Schedule F: **9**

2 FILER NAME **Enrique M. Barrera**

2002 JAN 16 P 18 51  
3 ACCOUNT # (Ethics Commission filers)

4 Date <b>7/12/01</b>	5 Payee name <b>Joe Frank Picazo</b> 6 Payee address; City; State; Zip Code <b>7806 Van Ness SAT 78251</b>	7 Amount (\$) <b>97-</b>
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8 Purpose of payment (See instructions regarding type of information required.) <b>Reimb - food, drinks, etc.</b>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date <b>7/12/01</b>	Payee name <b>Ricardo Silva</b> Payee address; City; State; Zip Code	Amount (\$) <b>200-</b>
------------------------	--	----------------------------

Purpose of payment (See instructions regarding type of information required.) <b>more for campaign</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <b>7/14/01</b>	Payee name <b>Mario's</b> Payee address; City; State; Zip Code <b>4841 Fredericksburg Rd., SAT 78216</b>	Amount (\$) <b>404<sup>20</sup></b>
------------------------	---	--

Purpose of payment (See instructions regarding type of information required.) <b>food for campaign</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <b>7/19/01</b>	Payee name <b>Joe Frank Picazo</b> Payee address; City; State; Zip Code <b>7806 Van Ness SAT 78251</b>	Amount (\$) <b>71-</b>
------------------------	---	---------------------------

Purpose of payment (See instructions regarding type of information required.) <b>Reimb - for meals</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

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2002 JAN 16 P 4:51

1 Total pages Schedule F: 9

2 FILER NAME  
*Enrique M. Barrera*

3 ACCOUNT # (Ethics Commission filers)

4 Date  
*7/19/01*

5 Payee name  
*Jose Menendez Campaign*  
6 Payee address; City; State; Zip Code  
*1518 Townsend House SAT 78251*

7 Amount (\$)  
*1000-*

8 Purpose of payment (See instructions regarding type of information required.)  
*campaign contribution*

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
*7/31/01*

Payee name  
*John F. Kennedy Band Booster Assn*  
Payee address; City; State; Zip Code  
*[scribble]*

Amount (\$)  
*400-*

Purpose of payment (See instructions regarding type of information required.)  
*Donation uniforms*

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
*8/1/01*

Payee name  
*Southwestern Bell*  
Payee address; City; State; Zip Code  
*PO Box 4844 SAT 78205*

Amount (\$)  
*171.94*

Purpose of payment (See instructions regarding type of information required.)  
*Campaign office phone*

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
*8/10/01*

Payee name  
*Eric Lee Bake Shop*  
Payee address; City; State; Zip Code

Amount (\$)  
*125-*

Purpose of payment (See instructions regarding type of information required.)  
*staff going away party*

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

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# POLITICAL EXPENDITURES

# SCHEDULE F

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

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1 Total pages Schedule F: **9**

2 FILER NAME

**Enrique M. Barrera**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**8/10/01**

5 Payee name

**Advance Video Productions**

7 Amount (\$)

**175-**

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

**staff going away party**

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

**8/18/01**

Payee name

**Wal Mart**

Amount (\$)

**100-**

Payee address; City; State; Zip Code

**900 ~~W~~ H. 410 + Military Dr.  
SAT 78245**

Purpose of payment (See instructions regarding type of information required.)

**school supplies for constituents**

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

**8/24/01**

Payee name

**Bolner's**

Amount (\$)

**56<sup>07</sup>**

Payee address; City; State; Zip Code

**2900 S. Flores SAT 78204**

Purpose of payment (See instructions regarding type of information required.)

**food + drinks for mtg**

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

**8/25/01**

Payee name

**Wolfe Nursery**

Amount (\$)

**177<sup>82</sup>**

Payee address; City; State; Zip Code

**9455 W 114 10 SAT 78230**

Purpose of payment (See instructions regarding type of information required.)

**plants**

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

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Total pages Schedule F: 9

2007 JAN 16 P 11:51

2 FILER NAME <i>Enrique M. Barrera</i>	3 ACCOUNT # (Ethics Commission filers)
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4 Date <i>8/30/01</i>	5 Payee name <i>Mario's</i>	7 Amount (\$) <i>95.17</i>
6 Payee address; City; State; Zip Code <i>4841 Fredericksburg Rd SAT 78216</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>food for mtg</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date <i>8/30/01</i>	Payee name <i>Mike De Nuccio</i>	Amount (\$) <i>91.84</i>
Payee address; City; State; Zip Code <i>8711 Cinnamon Creek SAT 78240</i>		

Purpose of payment (See instructions regarding type of information required.) <i>thank you party for staff</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

Date <i>8/31/01</i>	Payee name <i>ALCO</i>	Amount (\$) <i>64.73</i>
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <i>contribution</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date <i>8/30/01</i>	Payee name <i>Our Lady of the Lake University</i>	Amount (\$) <i>383.16</i>
Payee address; City; State; Zip Code <i>411 SW 24th St. SAT 78207</i>		

Purpose of payment (See instructions regarding type of information required.) <i>paint supplies</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

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CITY CLERK

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1 Total pages Schedule F: **9**

2 FILER NAME  
**Enrique M. Barrera**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**8/30/01**

5 Payee name  
**Daniel Ortiz**

7 Amount (\$)  
**51.14**

6 Payee address; City; State; Zip Code  
**5915 Westcliff SAT 78227**

8 Purpose of payment (See instructions regarding type of information required.)  
**cell phone**

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
**9/7/01**

Payee name  
**Leticia B. Wedgeworth**

Amount (\$)  
**75-**

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)  
**cleaning office**

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
**9/7/01**

Payee name  
**K Mart**

Amount (\$)  
**49.05**

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)  
**equipment for office**

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
**9/8/01**

Payee name  
**Joe Frank Picazo**

Amount (\$)  
**109.65**

Payee address; City; State; Zip Code  
**7806 Van Ness SAT 78251**

Purpose of payment (See instructions regarding type of information required.)  
**Reimb for food for mtg**

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

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CITY CLERK  
ANTONIO  
CITY CLERK

Total pages Schedule F: **9**

2 FILER NAME **Enrique M. Barrera** 2002 JAN 16 10:51 AM  
3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/8/01</b>	5 Payee name <b>Mina + Dimis Greek House</b>	7 Amount (\$) <b>107 <u>87</u></b>
6 Payee address; City; State; Zip Code <b>7159 W HWY 90 SAT 78227</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>food for office</b>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

Date <b>9/8/01</b>	Payee name <b>Mario's</b>	Amount (\$) <b>65 -</b>
Payee address; City; State; Zip Code <b>4841 Fredericksburg Rd. SAT 78229</b>		

Purpose of payment (See instructions regarding type of information required.) <b>food for mtg</b>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date <b>9/11/01</b>	Payee name <b>Sign Language</b>	Amount (\$) <b>88 -</b>
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <b>Donation: Dancing Belles</b>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date <b>9/16/01</b>	Payee name <b>HEB</b>	Amount (\$) <b>61 <u>81</u></b>
Payee address; City; State; Zip Code <b>8231 Marbach Rd SAT 78201</b>		

Purpose of payment (See instructions regarding type of information required.) <b>food + drinks</b>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

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**POLITICAL EXPENDITURES** **SCHEDULE F**

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form. 2002 JAN 16 P 4:51 1 Total pages Schedule F: 9

2 FILER NAME *Enrique M. Barrera* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>9/24/01</i>	5 Payee name <i>Don Jones</i>	7 Amount (\$) <i>500-</i>
6 Payee address; City; State; Zip Code		

8 Purpose of payment (See instructions regarding type of information required.) <i>campaign services</i>	9 <small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held
---	--

Date <i>10/28/01</i>	Payee name <i>Sebastian Gallardo</i>	Amount (\$) <i>350-</i>
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <i>desk/file cab + 3 chairs</i>	9 <small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held
--	--

Date <i>10/30/01</i>	Payee name <i>Laura Barberana</i>	Amount (\$) <i>270-</i>
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <i>Design Newsletter</i>	9 <small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held
---	--

Date <i>11/27/01</i>	Payee name <del>XXXXXXXXXXXXXXXXXXXX</del> <i>Holy Family Senior Special Events</i>	Amount (\$) <i>100-</i>
Payee address; City; State; Zip Code <i>152 Florencia SAT 78228</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Donation</i>	9 <small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held
--	--

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

RECEIVED  
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2002 JAN 16

1 Total pages Schedule F: **9**  
P 4: 52

2 FILER NAME **Enrique M. Barrera**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**11/30/01**

5 Payee name  
**Mario's**  
6 Payee address; City; State; Zip Code  
**4841 Fredericksburg Rd, SAT, 78216**

7 Amount (\$)  
**100-**

8 Purpose of payment (See instructions regarding type of information required.)  
**food for mtg**

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
**12/28/01**

Payee name  
**Jacqueline L Menarize**  
Payee address; City; State; Zip Code

Amount (\$)  
**250**

Purpose of payment (See instructions regarding type of information required.)  
**campaign services**

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
**12/29/01**

Payee name  
**Mario's**  
Payee address; City; State; Zip Code  
**4841 Fredericksburg Rd., SAT 78216**

Amount (\$)  
**82<sup>05</sup>**

Purpose of payment (See instructions regarding type of information required.)  
**food for meeting**

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
**12/29/01**

Payee name  
**Mike DeNuccio**  
Payee address; City; State; Zip Code  
**8711 Cinnamon Creek SAT 78240**

Amount (\$)  
**728<sup>00</sup>**

Purpose of payment (See instructions regarding type of information required.)  
**Reimb. for Ads.**

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED